



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



CONFIRMATION NO. 3454

Bib Data Sheet

|                             |  |              |                        |                                    |
|-----------------------------|--|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>10/678,273 | FILING OR 371(c)<br>DATE<br>10/06/2003<br>RULE | CLASS<br>455 | GROUP ART UNIT<br>2618 | ATTORNEY<br>DOCKET NO.<br>CHANG185 |
|-----------------------------|--|--------------|------------------------|------------------------------------|

## APPLICANTS

Jui-Cheng Chang, Taichung, TAIWAN;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 12/29/2003

|                                 |  |                            |                        |                    |                         |
|---------------------------------|--|----------------------------|------------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR COUNTRY<br>TAIWAN | SHEETS<br>DRAWING<br>3 | TOTAL CLAIMS<br>10 | INDEPENDENT CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                            |                        |                    |                         |

Verifier and  
Acknowledged  
001444

Examiner's Signature

Initials

## TITLE

Receiver with frequency response improvement

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>385 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|----------------------------|---|---|